

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)

SERIAL NO. 09/454,057 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st ACKNOWLEDGMENT		AFTER 2nd ACKNOWLEDGMENT	
	INO.	OEP.	INO.	OEP.	INO.	OEP.
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TOTAL INO.	4					
TOTAL OEP.	30					
TOTAL	34					

INO.	OEP.	INO.	OEP.	INO.	OEP.
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TOTAL INO.	30				
TOTAL OEP.	30				
TOTAL	30				